

UNDER-FIVE CHILD INFORMATION PANEL		UF
<b>UF1. Cluster number:</b> _____	<b>UF2. Household number:</b> _____	
<b>UF3. Child's name and line number:</b> NAME _____	<b>UF4. Mother's / Caretaker's name and line number:</b> NAME _____	
<b>UF5. Interviewer's name and number:</b> NAME _____	<b>UF6. Supervisor's name and number:</b> NAME _____	
<b>UF7. Day / Month / Year of interview:</b> _____ / _____ / <u>2 0 2</u> _____	<b>UF8. Record the time:</b>	HOURS : MINUTES _____ : _____

<p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i></p>		
<b>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</b>	YES, INTERVIEWED ALREADY..... 1	1 ⇒UF10B
	NO, FIRST INTERVIEW..... 2	2 ⇒UF10A
<b>UF10A.</b> Hello, my name is ( <i>your name</i> ). We are from <b>THE CENTRAL ADMINISTRATION OF STATISTICS</b> . With the support from UNICEF, we are conducting a survey about the situation of children, families and households. I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being. This interview will take about <b>30</b> minutes. All the information we obtain will remain strictly confidential and anonymous. This is also in accordance with law number 1793 date 22/2/1979 of the Central Administration of Statistics CAS stating, "gathered information will be confidential and will be used solely for statistical purposes". If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	<b>UF10B.</b> Now I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being in more detail. This interview will take about <b>30</b> minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES ..... 1	1 ⇒UNDER FIVE'S BACKGROUND Module	
NO / NOT ASKED..... 2	2 ⇒UF17	

<b>UF17. Result of interview for children under 5</b>  <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED ..... 01 NOT AT HOME ..... 02 REFUSED ..... 03 PARTLY COMPLETED..... 04 INCAPACITATED <i>(specify)</i> _____ 05  NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17..... 06  OTHER ( <i>specify</i> ) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
<b>UB0.</b> Before I begin the interview, could you please bring the child's Birth Certificate, Health record, immunization card, and any immunisation record from a private health provider? We will need to refer to those documents.		
<b>UB1.</b> On what day, month and year was (name) born?  <i>Probe:</i> What is (his/her) birthday?  <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i>  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY ..... _ _  DK DAY..... 98  MONTH ..... _ _  YEAR..... <u>2</u> <u>0</u> _ _	
<b>UB2.</b> How old is (name)?  <i>Probe:</i> How old was (name) at (his/her) last birthday?  <i>Record age in completed years.</i>  <i>Record '0' if less than 1 year.</i>  <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS)..... _	
<b>UB3.</b> Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2	1 ⇒ UB9
<b>UB4.</b> Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this the same respondent in the Household questionnaire?	RESPONDENT IS THE SAME, UF4=HH47 ..... 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2	2 ⇒ UB6
<b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending nursery or kindergarten in the current school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇒ UB8B 2 ⇒ UB9
<b>UB6.</b> Has (name) ever attended nursery or kindergarten?	YES ..... 1 NO..... 2	2 ⇒ UB9
<b>UB7.</b> At any time since September 2022, did (he/she) attend the nursery or the kindergarten?	YES ..... 1 NO..... 2	1 ⇒ UB8A 2 ⇒ UB9
<b>UB8A.</b> Does (he/she) currently attend the nursery or the kindergarten? <b>UB8B.</b> You have mentioned that (name) has attended the nursery or the kindergarten this school year. Does (he/she) currently attend this program?	YES ..... 1 NO..... 2	
<b>UB9.</b> Is (name) covered by any health insurance?	YES..... 1 NO..... 2	2 ⇒ End

<p><b>UB10.</b> What type of health insurance is (name) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION INSURANCE..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>NATIONAL SOCIAL SECURITY FUND ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D</p> <p>FACULTATIVE FUND.....E</p> <p>PUBLICS SERVANTS COOPERATION .....F</p> <p>ARMY AND THE INTERNAL SECURITY FORCES ..... G</p> <p>FROM UNHCR OR UNRWA..... H</p> <p>OTHER (<i>specify</i>) _____ X</p>	
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BIRTH REGISTRATION		BR
<b>BR1.</b> Does (name) have a birth certificate?  <i>If yes, ask:</i> May I see it?	YES, SEEN..... 1	1 ⇨ End
	YES, NOT SEEN..... 2	2 ⇨ End
	NO..... 3	
	DK..... 8	
<b>BR2.</b> Has (name)'s birth been registered with THE PERSONAL STATUS DEPARTMENT?	YES..... 1	1 ⇨ End
	NO..... 2	
	DK..... 8	
<b>BR3.</b> Do you know how to register the (name)'s birth?	YES..... 1	
	NO..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p><b>EC1.</b> How many children's books or picture books do you have for (<i>name</i>)?</p>	<p>NONE ..... 00</p> <p>NUMBER OF CHILDREN'S BOOKS..... <u>0</u> __</p> <p>TEN OR MORE BOOKS ..... 10</p>	
<p><b>EC2.</b> I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p>	<p>Y N DK</p> <p>HOMEMADE TOYS..... 1 2 8</p> <p>TOYS FROM A SHOP ..... 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS ..... 1 2 8</p>	
<p><b>EC3.</b> Sometimes adults taking care of children have to leave the house to go shopping, make visits, or for other reasons and have to leave young children.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR .....__</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR.....__</p>	
<p><b>EC4.</b> Check UB2: Child's age?</p>	<p>AGE 0 OR 1 ..... 1</p> <p>AGE 2, 3 OR 4 ..... 2</p>	1 ⇨ End

<p><b>EC5.</b> In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i>:</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <i>(name)</i>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED THINGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	READ BOOKS	A	B	X	Y	TOLD STORIES	A	B	X	Y	SANG SONGS	A	B	X	Y	TOOK OUTSIDE	A	B	X	Y	PLAYED WITH	A	B	X	Y	NAMED THINGS	A	B	X	Y	
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EARLY CHILDHOOD INDICATOR		ECDI
<b>ECD1A.</b> Check UB2: Child's age?	AGE LESS THAN 24 MONTHS ..... 1 AGE BETWEEN 24 AND 59 MONTHS..... 2	1 ⇒ End
I would like to ask you about certain things ( <i>name</i> ) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.		
<b>ECD1.</b> Can ( <i>name</i> ) walk on an uneven surface, for example a bumpy or steep road, without falling?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD2.</b> Can ( <i>name</i> ) jump up with both feet leaving the ground?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD3.</b> Can ( <i>name</i> ) dress ( <i>him/herself</i> ), that is, put on pants and a shirt without help?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD4.</b> Can ( <i>name</i> ) fasten and unfasten buttons without help?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD5.</b> Can ( <i>name</i> ) say 10 or more words like “mama” or “ball”?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD6.</b> Can ( <i>name</i> ) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?	YES..... 1 NO ..... 2  DK ..... 8	2 ⇒ ECD8 8 ⇒ ECD8
<b>ECD7.</b> Can ( <i>name</i> ) speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD8.</b> Can ( <i>name</i> ) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD9.</b> If you show ( <i>name</i> ) an object ( <i>he/she</i> ) knows well, such as a cup or animal, can ( <i>he/she</i> ) consistently name it?  <i>Probe:</i> By consistently I mean that ( <i>he/she</i> ) uses the same word to refer to the same object, even if the word used is not fully correct.	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD10.</b> Can ( <i>name</i> ) recognise at least 5 letters of the alphabet?	YES..... 1 NO ..... 2  DK ..... 8	

<b>ECD11.</b> Can ( <i>name</i> ) write ( <i>his/her</i> ) own name?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD12.</b> Does ( <i>name</i> ) recognise all numbers from 1 to 5?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD13.</b> If you ask ( <i>name</i> ) to give you 3 objects, such as 3 stones or 3 beans, does ( <i>he/she</i> ) give you the correct amount?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD14.</b> Can ( <i>name</i> ) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD15.</b> Can ( <i>name</i> ) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD16.</b> Does ( <i>name</i> ) ask about familiar people other than parents when they are not there, for example “Where is Grandma”?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD17.</b> Does ( <i>name</i> ) offer to help someone who seems to need help?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD18.</b> Does ( <i>name</i> ) get along well with other children?	YES..... 1 NO ..... 2  DK ..... 8	
<b>ECD19.</b>  How often does ( <i>name</i> ) seem to be very sad or depressed?  Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 A FEW TIMES A YEAR ..... 4 NEVER ..... 5  DK ..... 8	
<b>ECD20.</b> Compared with children of the same age, how much does ( <i>name</i> ) kick, bite, or hit other children or adults?  Would you say: not at all, less or the same, more, or a lot more?	NOT AT ALL..... 1 LESS OR THE SAME ..... 2 MORE ..... 3 A LOT MORE ..... 4 DON'T KNOW ..... 8	

CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 4.....2	1 ⇒ End
<b>UCD2.</b> Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>the child in the past month</i> .		
	YES NO	
[A] Took away privileges, forbade something <i>the child</i> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES..... 1 2	
[B] Explained why <i>the child's</i> behavior was wrong.	EXPLAINED WRONG BEHAVIOR ..... 1 2	
[C] Shook (him/her).	SHOOK HIM/HER ..... 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED ..... 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO ..... 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2	
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2	
[I] Hit or slapped (him/her) on face, head or ears.	HIT / SLAPPED ON FACE, HEAD OR EARS ..... 1 2	
[J] Hit or slapped (him/her) on hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2	
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2	
<b>UCD3.</b> Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES .....1 NO.....2	2 ⇒ UCD5
<b>UCD4.</b> Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES .....1 NO.....2	1 ⇒ End
<b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, (name) needs to be physically punished?	YES ..... 1 NO..... 2 DK / NO OPINION..... 8	

CHILD FUNCTIONING		UCF
<b>UCF1.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End
<b>UCF2.</b> I would like to ask you some questions about difficulties (name) may have.  Does (name) wear glasses?	YES ..... 1 NO ..... 2	
<b>UCF3.</b> Does (name) use a hearing aid?	YES ..... 1 NO ..... 2	
<b>UCF4.</b> Does (name) use any equipment or receive assistance for walking?	YES ..... 1 NO ..... 2	
<b>UCF5.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.  <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
<b>UCF6.</b> Check UCF2: Does (name) wear glasses?	YES, UCF2=1 ..... 1 NO, UCF2=2 ..... 2	1 ⇒ UCF7A 2 ⇒ UCF7B
<b>UCF7A.</b> When wearing (his/her) glasses, does (name) have difficulty seeing?  <b>UCF7B.</b> Does (name) have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL ..... 4	
<b>UCF8.</b> Check UCF3: Does (name) use a hearing aid?	YES, UCF3=1 ..... 1 NO, UCF3=2 ..... 2	1 ⇒ UCF9A 2 ⇒ UCF9B
<b>UCF9A.</b> When using (his/her) hearing aid(s), does (name) have difficulty hearing sounds like peoples' voices or music?  <b>UCF9B.</b> Does (name) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL ..... 4	
<b>UCF10.</b> Check UCF4: Does (name) use equipment or receive assistance for walking?	YES, UCF4=1 ..... 1 NO, UCF4=2 ..... 2	2 ⇒ UCF13
<b>UCF11.</b> Without (his/her) equipment or assistance, does (name) have difficulty walking? Note that the category "No difficulty" is not available, where the child uses equipment or gets help walking	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF12.</b> With (his/her) equipment or assistance, does (name) have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

<p><b>UCF13.</b> Compared with children of the same age, does (name) have difficulty walking?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT WALK AT ALL ..... 4</p>	
<p><b>UCF14.</b> Compared with children of the same age, does (name) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT PICK UP AT ALL..... 4</p>	
<p><b>UCF15.</b> Does (name) have difficulty understanding you?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT UNDERSTAND AT ALL..... 4</p>	
<p><b>UCF16.</b> When (name) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>UCF17.</b> Compared with children of the same age, does (name) have difficulty learning things?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT LEARN THINGS AT ALL..... 4</p>	
<p><b>UCF18.</b> Compared with children of the same age, does (name) have difficulty playing?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY..... 3  CANNOT PLAY AT ALL..... 4</p>	
<p><b>UCF19.</b> The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (name) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL ..... 1  LESS..... 2  THE SAME..... 3  MORE..... 4  A LOT MORE..... 5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> <i>Check UB2: Child's age?</i>	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
<b>BD2.</b> Has (name) ever been breastfed (any human milk whether from his mother or any other mother)?	YES.....1 NO.....2 DK.....8	2 ⇒ BD3A 8 ⇒ BD3A
<b>BD3.</b> Is (name) still being breastfed (any human milk whether from his mother or any other mother)?	YES.....1 NO.....2 DK.....8	
<b>BD3A.</b> <i>Check UB2: Child's age?</i>	AGE 0 OR 1.....1 AGE 2.....2	2 ⇒ End
<b>BD4.</b> Yesterday, during the day or night, did (name) <u>drink anything from a bottle with a nipple?</u>	YES.....1 NO.....2 DK.....8	
<b>BD5.</b> Did (name) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO.....2 DK.....8	
<b>BD6.</b> Did (name) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1 NO.....2 DK.....8	

<p><b>BD7.</b> Now I would like to ask you about all other liquids that (name) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (name) drink (<i>name of item</i>) yesterday during the day or the night:</p>		
[A] Plain water?	PLAIN WATER	<p>YES      NO      DK</p> <p>1      2      8</p>
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	<p>1      2      8</p>
[C] Clear broth/ or soup, like Maggi?	CLEAR BROTH / SOUP	<p>1      2      8</p>
[D] Infant formula?	INFANT FORMULA	<p>1      2 <sup>⚡</sup>      8 <sup>⚡</sup></p> <p><i>BD7[E]    BD7[E]</i></p>
<p>[D1] How many times did the child drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA .....</p>	
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK FROM ANIMALS	<p>1      2 <sup>⚡</sup>      8 <sup>⚡</sup></p> <p><i>BD7[X]    BD7[X]</i></p>
<p>[E1] How many times did the child drink milk from animals?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK FROM ANIMALS .....</p> <p>DK.....8</p>	
[X] Any other liquids?	OTHER LIQUIDS	<p>1      2 <sup>⚡</sup>      8 <sup>⚡</sup></p> <p><i>BD8      BD8</i></p>
[X1] <i>Record all other liquids mentioned.</i>	<i>(Specify)</i> .....	

<p><b>BD8.</b> Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time?  <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?  Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time?  <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p><i>For each food group not mentioned after completing the above ask:  Just to make sure, did (name) eat (food group items) yesterday during the day or the night</i></p>				
		YES	NO	DK
<p>[A] Yesterday, did (name) have yogurt made from animal milk?  Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</p>	YOGURT	1	2 $\surd$ BD8[B]	8 $\surd$ BD8[B]
[A1] How many times did (name) eat yogurt?	NUMBER OF TIMES ATE YOGURT.....			
[B] Did (name) have any baby food, such as Cerelac?	FORTIFIED BABY FOOD	1	2	8
[C] Did (name) have bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as Spinach or Mloukhiye? Include any locally available green leafy vegetables rich in vitamin A.	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas? Any other locally available fruits rich in vitamin A should be included.	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as cucumber or banana? <b>Include most commonly eaten fruits and vegetables</b>	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 $\surd$ BD9	8 $\surd$ BD9

<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	<p>(Specify) _____</p>																	
<p><b>BD9.</b> How many times did (name) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p>If the answer to question <b>BD8[A]</b> is yes, make sure to include the number of times recorded for eating yogurt in question <b>BD8[A1]</b></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES.....__</p> <p>DK.....8</p>																	
<p><b>BD10.</b> In 2023, have you experienced that infant formula is for (name) has been unavailable or unaffordable in shops or market?</p>	<p>UNAVAILABLE..... 1</p> <p>UNAFFORDABLE..... 2</p> <p>NO, HAVE NOT EXPERIENCED..... 3</p> <p>DIDN'T SHOP INFANT FORMULA..... 4</p> <p>DK..... 8</p>																	
<p><b>BD13.</b> In 2023, when shopping for (name), have you experienced that any of the following have been unavailable or unaffordable in shops or market:</p> <p>[A] Milk from animals, such as fresh, tinned, or powdered milk?</p> <p>[B] Yogurt made from animal milk?</p> <p>[C] Cheese or other food made from animal milk?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MILK .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>YOGURT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHEESE/OTHER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	MILK .....	1	2	8	YOGURT .....	1	2	8	CHEESE/OTHER .....	1	2	8	
	YES	NO	DK															
MILK .....	1	2	8															
YOGURT .....	1	2	8															
CHEESE/OTHER .....	1	2	8															

IMMUNISATION		IM	
<b>IM1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2 ..... 1 AGE 3 OR 4..... 2	2⇒End	
<b>IM2.</b> Do you have a Child Immunisation Record, immunisation records from a private health provider or the Lebanese Ministry of Health, or UNRWA or any other document where (name)'s vaccinations are written down?	YES, HAS ONLY CARD(S) ..... 1 YES, HAS ONLY OTHER DOCUMENT ..... 2 YES, HAS CARD(S) AND OTHER DOCUMENT ..... 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT ..... 4	1 ⇒IM5 3 ⇒IM5	
<b>IM3.</b> Did you ever have a Child Immunisation Record or immunisation records from a private health provider for (name)?	YES ..... 1 NO..... 2		
<b>IM4.</b> Check IM2:	HAS ONLY OTHER DOCUMENT, IM2=2..... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4..... 2	2 ⇒IM11	
<b>IM5.</b> May I see the card(s) (and/or) other document?	YES, ONLY CARD(S) SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD(S) AND OTHER DOCUMENT SEEN..... 3 NO CARDS AND NO OTHER DOCUMENT SEEN..... 4	4 ⇒IM11	
<b>IM5A.</b> Child Immunisation Record or immunisation records	IMMUNIZATION RECORD FROM THE MINISTRY OF PUBLIC HEALTH ..... 1 IMMUNIZATION RECORD FROM UNRWA ..... 2 OTHER RECORDS, (SPECIFY) _____ ..... 3	2 ⇒IM6A	
<b>IM6.</b> (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.	<b>DATE OF IMMUNISATION</b>		
	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
HepB (at birth)                      HepB			2    0
Polio (IPV) 1                              IPV1			2    0
Polio (OPV) 2                              OPV2			2    0
Polio (OPV) 3                              OPV3			2    0
Polio (OPV) – 1 <sup>st</sup> Booster                      OPV - Booster			2    0
Pentavalent (DPT-Hib-HepB) 1                      Penta1			2    0
Pentavalent (DPT-Hib-HepB) 2                      Penta2			2    0
Pentavalent (DPT-Hib-HepB) 3                      Penta3			2    0
Pentavalent (DTP-Hib-HepB) -1 <sup>st</sup> Penta - Booster    Booster			2    0

Pneumococcal (Conjugate) 1	PCV1					2	0			
Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			
Measles	MEASLES0					2	0			
MMR 1	MMR1					2	0			
MMR 2	MMR2					2	0			
<b>IM6A. Check IM5A</b>	IMMUNIZATION CARD FROM THE LEBANESE MINISTRY OF HEALTH OR OTHER CARDS IM5A = 1, 3 ..... 1 IMMUNIZATION CARD FROM UNRWA IM5A=2 ..... 2								1 ⇒IM9 2 ⇒IM6B	
<b>IM6B.</b>										
(c) Copy dates for each vaccination from the documents.										
(d) Write '44' in day column if documents show that vaccination was given but no date recorded.										
		<b>DATE OF IMMUNISATION</b>								
		<b>DAY</b>	<b>MONTH</b>		<b>YEAR</b>					
BCG	BCG					2	0			
HepB (at birth)	HepB1					2	0			
Polio (IPV) 1	IPV1					2	0			
HepB 2	HepB2					2	0			
Polio (IPV) 2	IPV2					2	0			
Polio (OPV) 1	OPV1					2	0			
DPT1-Hib1	DPT1- Hib1					2	0			
Polio (OPV) 2	OPV2					2	0			
DPT- Hib2	DPT2- Hib2					2	0			
Polio (OPV) 3	OPV3					2	0			
DPT3- Hib3	DPT3-Hib3					2	0			
HepB 3	HepB3					2	0			
Measles	MEASLES					2	0			
OPV 4	OPV4					2	0			
DPT 4	DPT 4					2	0			
MMR	MMR					2	0			

<p><b>IM9.</b> In addition to what is recorded on the document(s) you have shown me, did (name) receive any other vaccinations including vaccinations received during the campaigns, immunisation days or child health days just mentioned?</p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ End  8 ⇒ End</p>
<p><b>IM10.</b> Go back to IM6 or IM6B and probe for these vaccinations.</p> <p><i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not received</u> record '00' in day column.</i></p> <p><i>When <u>finished</u>, go to next module.</i></p>		<p>⇒ End</p>
<p><b>IM11.</b> Has (name) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day or Child Health Day?</p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ END</p>
<p><b>IM11A.</b> Ask the respondent if a family member might know the vaccines and could participate in this part of the interview.</p>	<p>YES ..... 1  NO ..... 2</p>	<p>2 ⇒ END</p>
<p><b>IM12A.</b> Where did (name) receive the vaccination?</p> <p><i>Probe to know where the child was vaccinate.</i></p>	<p>PUBLIC HEALTH FACILITY (PHC OR GOVERNMENT HOSPITAL) ..... A  PRIVATE HEALTH FACILITY (PRIVATE HOSPITAL OR CLINIC) ..... B  UNRWA CLINICS ..... C  HOME OR SCHOOL DURING VACCINATION CAMPAIGNS ..... D  OTHER (PLEASE SPECIFY) ..... X</p>	
<p><b>IM14.</b> Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?  Note that the vaccine is usually given at birth.</p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	
<p><b>IM14A.</b> Did (name) have Hepatitis B vaccine? It is an injection in the outer side of the thigh to prevent hepatitis B type or Hepatitis B type?</p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ IM16  8 ⇒ IM16</p>
<p><b>IM14B.</b> How many times was hepatitis B vaccine given?</p>	<p>NUMBER OF TIMES ..... —  DK ..... 8</p>	
<p><b>IM15.</b> Did (name) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?</p>	<p>YES, WITHIN 24 HOURS ..... 1  YES, BUT NOT WITHIN 24 HOURS ..... 2  NO ..... 3  DK ..... 8</p>	
<p><b>IM16.</b> Has (name) ever received any vaccination drops in the mouth to protect (him/her) from polio (OPV)?</p> <p><i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i></p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ IM19A  8 ⇒ IM19A</p>

<b>IM18.</b> How many times were the polio drops received (OPV)?	NUMBER OF TIMES..... _ DK..... 8	
<b>IM19A. The last time (name) received polio drops, did he also</b> receive polio vaccine injection (IPV)?  Probe further to ensure that (name) gets all the vaccinations, drops and syringes.	YES ..... 1 NO..... 2  DK..... 8	2 ⇒IM20  8 ⇒IM20
<b>IM19B.</b> How many times were the polio injection received?	NUMBER OF TIMES..... _  DK..... 8	
<b>IM20.</b> Has (name) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type B? (DPT – Hib – HepB)  <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops and injection.</i>	YES ..... 1 NO..... 2  DK..... 8	2 ⇒IM21A  8 ⇒IM21A
<b>IM21.</b> How many times was the Pentavalent vaccine received? (DPT – Hib – HepB)	NUMBER OF TIMES..... _  DK..... 8	
<b>IM21A.</b> Has (name) ever got a triple vaccine (DPT) - that is, an injection in the thigh to prevent it from developing tetanus, tetanus, whooping cough and diphtheria?	YES ..... 1 NO..... 2  DK..... 8	2 ⇒IM21C  8 ⇒IM21C
<b>IM21B.</b> How many times was the triple vaccine received DPT?	NUMBER OF TIMES..... _  DK..... 8	
<b>IM21C.</b> Has (name) ever had a meninge vaccine (Hib) - a needle in the groin to prevent it from developing Homophiles influenza type B (meningitis)?	YES ..... 1 NO..... 2  DK..... 8	2 ⇒IM22  8 ⇒IM22
<b>IM21D.</b> How many times was the Hib vaccine received?	NUMBER OF TIMES..... _  DK..... 8	
<b>IM22.</b> Has (name) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus PCV?  <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES ..... 1 NO..... 2 DK..... 8	2 ⇒IM25A 8 ⇒IM25A
<b>IM23.</b> How many times was the Pneumococcal vaccine received PCV?	NUMBER OF TIMES..... _  DK..... 8	

<p><b>IM25A.</b> Has (name) ever had measles vaccine - any needle in the arm given at the age of 9 months or more - to prevent it from getting measles?</p> <p>The measles vaccine alone, not the measles combined with the MMR</p>	<p>YES ..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒IM26</p> <p>8 ⇒IM26</p>
<p><b>IM25B.</b> How many times was the measles vaccine received?</p>	<p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p>	
<p><b>IM26.</b> Has (name) ever received an MMR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?</p>	<p>YES ..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒END</p> <p>8 ⇒END</p>
<p><b>IM26A.</b> How many times was the MMR vaccine received?</p>	<p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p>	

CARE OF ILLNESS		CA
<p><b>CA1.</b> In the last two weeks, has (name) had diarrhoea?</p>	YES .....1 NO .....2  DK .....8	2 ⇒ CA14  8 ⇒ CA14
<p><b>CA2.</b> Check BD3: Is (name) still breastfeeding?</p>	YES OR BLANK, BD3=1 OR BLANK .....1 NO OR DK, BD3=2 OR 8 .....2	1 ⇒ CA3A 2 ⇒ CA3B
<p><b>CA3A.</b> I would like to know how much (name) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (name) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	MUCH LESS .....1 SOMEWHAT LESS .....2 ABOUT THE SAME .....3 MORE .....4 NOTHING TO DRINK .....5  DK .....8	
<p><b>CA3B.</b> I would like to know how much (name) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (name) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	MUCH LESS .....1 SOMEWHAT LESS .....2 ABOUT THE SAME .....3 MORE .....4 NOTHING TO DRINK .....5  DK .....8	
<p><b>CA4.</b> During the time (name) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p>	MUCH LESS .....1 SOMEWHAT LESS .....2 ABOUT THE SAME .....3 MORE .....4 STOPPED FOOD .....5 NEVER GAVE FOOD (DUE TO AGE) .....7  DK .....8	
<p><b>CA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES .....1 NO .....2  DK .....8	2 ⇒ CA7  8 ⇒ CA7

<p><b>CA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>PRIMARY HEALTH CARE CENTER (PHCC) OR DISPENSARY ..... B</p> <p>OTHER PUBLIC MEDICAL SECTOR (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>UNRWA CLINIC ..... S</p> <p>PALESTINIAN RED CRESCENT ..... T</p> <p>NON-GOVERNMENTAL DISPENSARY ..... U</p> <p>OTHER (specify) _____ X</p>	
<p><b>CA7.</b> During the time (name) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called —ORs packet?</p> <p>[B] A pre-packaged ORs fluid called —ORs fluid?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET.....1 2 8</p> <p>PRE-PACKAGED ORS FLUID ..... 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A] and CA7[B]: Was (name) given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B].....1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B].....2</p>	<p style="text-align: right;">2 ⇒ CA12</p>

<p><b>CA9.</b> Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>PRIMARY HEALTH CARE CENTER (PHCC) OR DISPENSARY ..... B</p> <p>OTHER PUBLIC MEDICAL SECTOR (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP /STREET/ MARKET ..... Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>UNRWA CLINIC ..... S</p> <p>PALESTINIAN RED CRESCENT ..... T</p> <p>NON-GOVERNMENTAL DISPENSARY ..... U</p> <p>OTHER (specify)..... X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p><b>CA12.</b> Was anything else given to treat the diarrhoea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p><b>CA13.</b> What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p>Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) ..... B</p> <p>OTHER PILL OR SYRUP ..... G</p> <p>UNKNOWN PILL OR SYRUP ..... H</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... L</p> <p>NON-ANTIBIOTIC ..... M</p> <p>UNKNOWN INJECTION ..... N</p> <p>INTRAVENOUS (IV) ..... O</p> <p>HOME REMEDY / HERBAL MEDICINE ..... Q</p> <p>OTHER (specify) _____ X</p>	

<b>CA14.</b> At any time in the last two weeks, has (name) been ill with a fever?	YES .....1 NO .....2  DK .....8	
<b>CA16.</b> At any time in the last two weeks, has (name) had an illness with a cough?	YES .....1 NO .....2  DK .....8	
<b>CA17.</b> At any time in the last two weeks, has (name) had fast, short, rapid breaths or difficulty breathing?	YES .....1 NO .....2  DK .....8	2 ⇒ CA19  8 ⇒ CA19
<b>CA18.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY .....1 BLOCKED OR RUNNY NOSE ONLY .....2  BOTH .....3  OTHER ( <i>specify</i> ) ..... 6 DK .....8	1 ⇒ CA20 2 ⇒ CA20  3 ⇒ CA20  6 ⇒ CA20 8 ⇒ CA20
<b>CA19.</b> Check CA14: Did (name) have fever?	YES, CA14=1 .....1 NO OR DK, CA14=2 OR 8 .....2	2 ⇒ CA30
<b>CA20.</b> Did you seek any advice or treatment for the illness from any source?	YES .....1 NO .....2  DK .....8	2 ⇒ CA22  8 ⇒ CA22

<p><b>CA21.</b> From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>PRIMARY HEALTH CARE CENTER (PHCC) OR DISPENSARY ..... B</p> <p>OTHER PUBLIC MEDICAL SECTOR (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP/MARKET/STREET.....Q</p> <p>TRADITIONAL PRACTITIONER.....R</p> <p>UNRWA CLINIC ..... S</p> <p>PALESTINIAN RED CRESCENT ..... T</p> <p>NON-GOVERNMENTAL DISPENSARY ..... U</p> <p><b>OTHER (specify) _____ X</b></p>	
<p><b>CA22.</b> At any time during the illness, was (name) given any medicine for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p>
<p><b>CA23.</b> What medicine was (name) given?</p> <p><i>Probe:</i></p> <p><i>Any other medicine?</i></p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>ANTIBIOTICS</b></p> <p>AMOXICILLIN ..... L</p> <p>COTRIMOXAZOLE ..... M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP.....N</p> <p>OTHER ANTIBIOTIC INJECTION/IV..... O</p> <p><b>OTHER MEDICATIONS</b></p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... R</p> <p>ASPIRIN..... S</p> <p>IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED ..... W</p> <p>OTHER (specify) _____ X</p> <p>DK ..... Z</p>	

<b>CA24.</b> Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O .....1 NO, ANTIBIOTICS NOT MENTIONED .....2	2 ⇒CA30
<b>CA25.</b> Where did you get the ( <i>name of medicine from CA23, codes L to O</i> )?  <i>Probe to identify the type of source.</i>  <i>If 'Already had at home', probe to learn if the source is known.</i>  <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i>  <hr/> <i>(Name of place)</i>	<b>PUBLIC MEDICAL SECTOR</b> GOVERNMENT HOSPITAL ..... A PRIMARY HEALTH CARE CENTER (PHCC) OR DISPENSARY ..... B OTHER PUBLIC MEDICAL SECTOR ( <i>specify</i> ) ..... H  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL / CLINIC ..... I PRIVATE PHYSICIAN ..... J PRIVATE PHARMACY ..... K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... L MOBILE CLINIC ..... M OTHER PRIVATE MEDICAL ( <i>specify</i> ) ..... O  DK PUBLIC OR PRIVATE ..... W  <b>OTHER SOURCE</b> RELATIVE / FRIEND ..... P SHOP/MARKET/STREET ..... Q TRADITIONAL PRACTITIONER ..... R UNRWA CLINIC ..... S PALESTINIAN RED CRESCENT ..... T NON-GOVERNMENTAL DISPENSARY ..... U  OTHER ( <i>specify</i> ) ..... X DK ..... Z	
<b>CA30.</b> Check UB2: Child's age?	AGE 0, 1 OR 2 .....1 AGE 3 OR 4 .....2	2 ⇒End
<b>CA31.</b> The last time ( <i>name</i> ) passed stools, what was done to dispose of the stools?	CHILD USED TOILET / LATRINE .....01 PUT / RINSED INTO TOILET OR LATRINE .....02 PUT / RINSED INTO DRAIN OR DITCH .....03 THROWN INTO GARBAGE (SOLID WASTE) .....04 BURIED .....05 LEFT IN THE OPEN .....06  OTHER ( <i>specify</i> ) ..... 96 DK .....98	

<b>UF11.</b> Record the time.	HOURS AND MINUTES..... ____ : ____	
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<b>MICS PLUS AND QUALITY CONTROL CONSENT</b>	<b>MP</b>
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<b>UF15A.</b> Check the name and line number of this questionnaire's respondent (UF4). Has this questionnaire's respondent already been interviewed with the HOUSEHOLD QUESTIONNAIRE (HH47)?	YES, ALREADY INTERVIEWED (UF4=HH47)..... 1 NO, FIRST INTERVIEW (UF4≠ HH47) ..... 2	1 ⇒UF16
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<b>UF15A1.</b> Have you already been interviewed with any other questionnaire?	YES..... 1 NO ..... 2	1 ⇒UF16
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<b>UF15B.</b> Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1..... 1 NO, HC7[A]=2 AND HC12=2 ..... 2	2 ⇒UF16
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**UF15C.** Thank you for your participation.

The Central administration of statistics (CAS), with the support from UNICEF will be conducting a telephone quality control of some of the actual data, and a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 20 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES..... 1 NO..... 2	2 ⇒UF16
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<b>UF15D.</b> Do you have a personal phone number or does your household have a communal number where you can be reached?	YES ..... 1 NO..... 2	2 ⇒UF16
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**UF15E.** You may share your personal phone number and/or your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household.

	[P1] BEST NUMBER	[P2] 2 <sup>ND</sup> NUMBER	[P3] 3 <sup>RD</sup> NUMBER
<b>UF15F.</b> Ask for and record phone number.  _____			
<b>UF15G.</b> Just to confirm, the number is (number from UF15F)?  If no, return to UF15F and correct entry.	YES ..... 1  NO ..... 2 ☹ UF15F	YES ..... 1  NO ..... 2 ☹ UF15F	YES ..... 1  NO ..... 2 ☹ UF15F
<b>UF15J.</b> Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES ..... 2 ☹ [P2]  NO ..... 2 ☹ UF16	YES ..... 2 ☹ [P3]  NO ..... 2 ☹ UF16	YES ..... 2 ☹ [P4]  NO ..... 2 ☹ UF16
			Tick here if additional questionnaire used: ..... <input type="checkbox"/>

**UF16.** Tell the respondent that you will need to measure the weight and height of (name) before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for (name) and complete the Information Panel on that Form.

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?

Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.

No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?

Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.

No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

